

State of Colorado Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

10/12/2018

Document Number:

401794223

Off-Location Flowline

The Flowline Report, Form 44, shall be submitted to register, report realignment, report removal from service, or report abandonment of Off-Location Flowlines, Produced Water Transfer Systems, Domestic Taps, or Crude Oil Transfer Lines as required by the 1100 Series Rules. The Form shall also be submitted to report Grade 1 Gas Leaks from Flowlines per Rule 1104.k.

Operator Information

OGCC Operator Number: 10261 Contact Person: Matthew Minne
Company Name: BAYSWATER EXPLORATION & PRODUCTION LLC Phone: (720) 665-7831
Address: 730 17TH ST STE 500 Email: mminne@bayswater.us
City: DENVER State: CO Zip: 80202
Is the Operator a Tier One member of the Utility Notification Center of Colorado (UNCC) that participates in Colorado's One Call notification system? Yes [X] No []

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 421557 Location Type: Production Facilities
Name: Gustafson Off-Site Tank Battery Number: 31-380 HN
County: WELD
Qtr Qtr: NENW Section: 31 Township: 7N Range: 65W Meridian: 6
Latitude: 40.535936 Longitude: -104.706464

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: Flowline Type: Production Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.536093 Longitude: -104.706492 PDOP: 1.6 Measurement Date: 08/27/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 421558 Location Type: Well Site [] No Location ID
Name: GUSTAFSON Number: 31-12
County: WELD
Qtr Qtr: NENW Section: 31 Township: 7N Range: 65W Meridian: 6
Latitude: 40.535470 Longitude: -104.710420

Flowline Start Point Riser

Latitude: 40.535470 Longitude: -104.710420 PDOP: 1.6 Measurement Date: 08/27/2018
Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Multiphase Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 2.000
Bedding Material: Native Materials Date Construction Completed: 03/18/2011
Maximum Anticipated Operating Pressure (PSI): 1100 Testing PSI: 707
Test Date: 06/14/2018

OPERATOR COMMENTS AND SUBMITTAL

Comments

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Signed: _____ Date: 10/12/2018 Email: mminne@bayswater.us

Print Name: Matthew Minne Title: Facility Operations Lead

Based on the information provided herein, this Flowline Report complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name
401794338	PRESSURE TEST
401794339	OFF-LOCATION FLOWLINE GEODATABASE

Total Attach: 2 Files